

Status: Finalized

I. Center Identification

Organization Name: IU HEALTH EAST WASHINGTON ST AMBULATORY SURG

Street Address: 9660 E. Washington St, STE 200

City: Indianapolis

County: Marion

Administrator Name: Elizabeth DeAnn gullty Administrator Email: egulley@iuhealth.org

ASC Web Address: none Fiscal Year: 2015

Accredited: Yes No

Name of Accrediting Body:

Deemed Status: O Yes O No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4	
Number of procedure rooms	1	

III. Utilization Statistics

A. Total Patients and Procedures Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3	3
B. Ten Most Frequent Surgical Procedures Perfo	ormed	Total Procedures
45380		2
45385		1

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	0
a surgical encounter.	